The author's experience is against the importance of consanguinity as a cause of retinitis pigmentosa, as he has found the disease not uncommon in India where the natives are "scrupulous in observing the restrictions they place upon the intermarriage of relatives."

The print is good and the plates well executed. This edition of the manual is a valuable contribution to practical ophthalmology and will no doubt maintain the popularity of its three predecessors. G. C. H.

ART. XXXIII.—*Anatomical Technology as applied to the Domestic Cat. An Introduction to Human, Veterinary, and Comparative Anatomy, with illustrations.* By BURT G. WILDER, M.S., Prof. Comp. Anat., etc., Cornell Univ., and SIMON H. GAGE, Asst. Prof. Physiology, Cornell Univ. A. S. Barnes & Co., New York and Chicago, 1882. Pp. 575, 130 figs.

PROFS. WILDER and GAGE have prepared for the use of those beginning anatomical studies a manual and laboratory guide, which at once expresses the needs of the students, as these needs have been determined by the experience of their teachers, in all the numerous topics pertaining to class-room and laboratory instruction. The title assumed would at first sight give the impression that the work was devoted to the art of dissection and the preservation of anatomical preparations. The book, it is true, includes all that is required on these topics. But, in addition, it explains and amplifies anatomical nomenclature, describes elaborately the anatomy of the anterior extremity, the viscera, and the central nervous system of the domestic cat, and is enriched with systematic reference to the labours of other anatomists, on the entire range of anatomical and zoological study of the vertebrata.

To conceive and successfully carry out a plan so elaborate requires unusual qualification. Prof. Wilder, the senior of the two authors, has been for many years Professor of Comparative Anatomy in Cornell University, and has given special attention to the education of young men intending to pursue medical studies. This education is one of great importance in connection with the subject of reform in the training of physicians, and the authors can justly claim a respectful hearing upon the problem as to the best way to begin and to conduct a course of instruction preparatory to the anatomical work of the medical schools. Their views, in brief, are as follows: The student must be taught to be cleanly, to be methodical, to keep notes, to use bibliography. He must prepare the bones and dissect the muscles, viscera, bloodvessels, and nerves of an animal belonging to the same class with man (the domestic cat is here taken because it is cheap), not once only, but repeatedly, until he has mastered the art of dissection, and the methods of the scientist. After such training it is claimed that he can master the details of the study of human anatomy with relative ease. Any one who is familiar with the manner in which practical human anatomy is taught in our colleges will note the painful contrast existing between it and Drs. Wilder's and Gage's method. The only point of technic the medical student is taught is how to use his knife and forceps in dissection. He is given no instruction on the art of exploring viscera, gland ducts, the method of taking out the brain or spinal cord, the preservation of anatomical specimens, or the thousand and one things that he needs in making an autopsy or in preserving specimens. Judging from the condition in which specimens are often presented for inspection at our medical societies, it is evident that not one physician in a hundred knows the use of alcohol as a preservative. Pultaceous brains, distorted and discoloured hearts, macerated fœtuses, greasy bones, attest either to great ignorance or great carelessness on the part of the collectors. It is perhaps not going too far to assert that for lack of proper instruction at a time when habits are formed, fully one-half of the pathological and other specimens obtained, often at great risk and under the stimulus of honourable zeal, are lost both to their owners and to science by want of a proper method employed in their preservation. Drs. Wilder and Gage have written a work which gives directions with such conscientious attention to detail as to make success a certainty. Every medical student and practitioner should read these.

The book is furnished with 130 figures, mostly in illustration of the anatomy of the domestic cat. Nothing can be gainsaid on the selection of this animal, for it is certainly the most manageable and available of any of the larger mammals. At the same time we cannot avoid the reflection that the cat is, with a single exception, the most highly specialized of any of the carnivora. The number of toes, the disposition of the teeth and of the facial bones, the degree of fusion existing in its muscles, are such as to make a comparison instituted between them and the same parts in human anatomy, less easy than with the raccoon, or, indeed, with any of our wild animals of the flesh-eating type, other than examples from the group to which the cat belongs. It is evident, however, for practical purposes, the cat is the only available form, in the absence of the human subject itself, that can be generally recommended.

The work possesses some novel and curious features, which will receive various degrees of welcome. The new and sometimes harsh terms that the authors have employed in description, while doubtless tending to simplify the subject of anatomical nomenclature, have a rather odd appearance, and will be viewed askance by students and writers whose habits have become fixed.

According to this manual, body becomes *soma;* joint becomes *arthron;* median line of the dorsum becomes *dorsimeson;* a direction inward is *entad*, one outward is *ectad*, one toward the tail is *caudad*, one toward the head becomes *cephalad;* the position of the body on the side is *latericumbent*, etc. The following are examples of the style resultant upon the introduction of the new terms: "Posture, latericumbent, the venter toward the dissector. Secure the arm caudiducted." . . . "The ventrocaudal border will appear as a slightly raised line nearly parallel with the presterno-vertebral margin and the skin. Lift the border near its middle and trace it mesad, noting that about 1 cm. from the meson, the muscular fibres are replaced by a thin tendon," etc.

Any rational attempt at an improved nomenclature will be welcomed by teachers, but as the proof of the pudding is in the eating, so the test of the system here proposed must be left to the judgment of the teachers and pupils who essay it. This much can be said, that it appears to have been satisfactory at Cornell University. To the advanced student it is an easy task to become familiar with the "little language," and if it prove unacceptable, he can readily paraphrase into the dear old incongruities that have served the purposes of anatomists for so long a time.

We cannot but think that the authors have produced a valuable manual at once authoritative in statement and admirable in method, and one that is deserving of a welcome at the hands of every student, either in human or comparative anatomy. H. A.

ART. XXXIV.—*Hydramnios—Contribuzione allo studio dell'eziologia dell'hydramnios e della patologia della placenta.*

A contribution to the study of the etiology of hydramnios and of the pathology of the placenta, by Dr. G. B. NICOLINI, First Assistant of the Obstetric Clinic of the Royal University of Pavia, Italy. (Annali Universali di Med. e Chirurg. July, 1882, pp. 20.)

AMONG the few Italians who have successfully performed the Porro-Cæsarean section, stands the first assistant of Prof. Porro, Dr. Giovanni Battista Nicolini, who operated in a private house in Pavia, on June 22, 1881, and saved both mother and child. We are now to present in abstract his report of a case of disease of the placenta; to the mechanical effect of which he attributed the existence of a hydramnios, and indirectly a miscarriage.

The subject of the report was a married 8-para of 33 years of age, who entered the obstetric clinic of Pavia, on May 11, 1882, in labour, and pregnant about seven months. She menstruated for the first time when 17 years old; was always regular, and in good health; her eight children were all born at term, and naturally, except the fifth, which presented by the shoulder and was turned, and delivered by the feet. All of the children were born alive and in good condition; and she nursed them from 12 to 19 months each.

In the ninth pregnancy now to be considered, the patient felt as usual until the commencement of the fifth month, when there was a sudden increase of volume in the abdomen, accompanied by a sense of weight in the pelvis and dull pains in the uterus. Thenceforward the abdomen continued to enlarge; soon the lower extremities became œdematous, and a little later, the respiration was embarrassed. The first fœtal movements were recognized at the end of February, and from this time, they were more marked than in any prior gestation, and in various regions of the uterus. At the time of her admission, she was obliged to assume a half-sitting position in bed, on account of her dyspnœa. She was of robust build, with a well-developed frame, and above medium height. The first sound of her heart was slightly blowing, and there were rattling sounds in the lungs. Her abdomen was globose, and larger than it should have been at term, with a fully developed fœtus. Circumference at the umbilicus 50 inches, and length from the pubes to the ensiform cartilage 15⅜ inches. Her lower extremities were enormously œdematous: urine not albuminous.

By means of a Wenzel puncturing syringe, more than six quarts of citron-coloured amniotic fluid were drawn off. The fœtus presented by the vertex was alive, but died before the labour was completed, which